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CONFIRMATION NO. 4851

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/772,099	<b>FILING OR 371(c) DATE</b> 02/04/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 795-10-3
<b>APPLICANTS</b> Jeffrey T. Haley, Mercer Island, WA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/US02/35399 11/05/2002 which claims benefit of 60/332,916 11/05/2001 and claims benefit of 60/344,577 12/28/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 996				
<b>TITLE</b> LICORICE ROOT EXTRACT ORAL PATCH FOR TREATING CANKER SORES				
<b>FILING FEE RECEIVED</b> 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	